

## BONES.—JOINTS.—ORTHOPÆDIC.

**I. Rotatory Dislocation of the Patella.** By WM. ANDERSON, F. R. C. S. (London). Two cases are reported: 1. A boy, æt. fifteen, well grown and with good muscular development, slipped while walking, not striking the knee in falling, but on rising found it fixed in the extended position and very painful. The right knee was affected and the patella was found to be dislocated with its outer margin turned forward and the articular surface outwards, while the inner margin rested between the condyles. The outer border of the rectus was very tense and a tight ligamentous band extended from the projecting margin of the bone to the inner tuberosity of the tibia; the patella was quite fixed. Attempts at reduction under chloroform were at first unsuccessful, the quadriceps still remaining tense, but pushing the anæsthesia still farther, on flexing the joint about forty degrees and manipulating the patella, it was replaced with but little effort. The limb was placed in a back splint and, aside from some effusion into the joint, no other symptoms arose.

2. A stout, but somewhat unhealthy-looking woman, æt. twenty-three, while rising from the kneeling position on the floor, slipped and struck the outside of the left patella against the corner of an arm-chair. Pain in the knee and inability to flex the joint became evident. On examination the patella was found to be dislocated as in case 1, the tension of the rectus being marked, but without the tibio-patellar band. As before, efforts at replacement were unsuccessful, owing to the persistent rigidity of the rectus, but on pressing the anæsthetic farther the tension diminished, and during gentle manipulation while the knee was extended the bone snapped into place.

The author calls attention to the fact that it is possible to produce this dislocation on the cadaver only by dividing the ligamentous structures and actually twisting the bone into its abnormal position by means of a lever introduced behind it, from which he assumes that mechanical violence applied on the living subject can only act by provoking the muscular spasm which really effects and maintains the displacement. Wolf found reduction impossible after section of the

ligamentum patellae, and even after division of this and the tendon of the rectus, while Gaulke succeeded by the use of a carpenter's vise, and others by introducing a lever or a hook beneath the bone through an opening in the capsule. But the writer especially emphasizes the fact that under anæsthesia the rectus remains rigid after complete muscular relaxation has otherwise been obtained, and calls attention to the value of securing relaxation of that muscle by more complete anæsthesia, as a factor in obtaining reduction, before resorting to extreme operative measures.—*London Lancet*, Oct. 1, 1892.

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**II. Implantation of Decalcified Bone after Senn's Method.** By DR. LE DENTU, Paris. Le D. reports the successful application of Senn's method in ten cases. The first case of his series occurred in a sixteen year old girl, the subject of tuberculosis of bone. A resection of 7 centimeters of the tibia and fibula was followed at once by its replacement by means of decalcified bone. Six weeks after operation commencing ossification of the bone was observed. Three months after the operation the patient was dismissed from the hospital with a simple retentive bandage, and three months later it was demonstrated that complete bony consolidation had occurred.

In the procedure as carried out by Le D. the bones are prepared somewhat differently from the method described by Senn. The femur and tibia of the ox are selected for the purpose. The pieces are first freed from periosteum and placed for eight days in a 16-100 solution of hydrochloric acid. They are then washed, placed for twenty-four hours in a sublimate solution, and finally preserved in a solution of iodoform in ether.

Implantation of bone is indicated in, 1st, extensive resection of bones for disease. 2d, in complete removal of long bones for tumor, or larger portions thereof in extensive comminuted fractures. 3d, in cases of extensive curetting for osteo-myelitis a tuberculosis, a considerable defect remaining. 4th, in trephining of the skull. 5th, in cases of operative treatment of pseudarthrosis.—*Gaz des hopitaux*, 1892, No. 40.